Scientific evaluation of the current status of medical knowledge on balneo phototherapy

Institut fuer Qualitaet und Wirtschaftlichkeit im Gesundheitswesen (IQWiG)

Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors’ objectives
The aims of this report were:

1) In patients with psoriasis vulgaris: The evaluation of asynchronous balneo-phototherapy using either a psoralen solution (bath-PUVA) or a salt water solution (photo-brine therapy), comparing these two options with each other or with tap water balneo-phototherapy or another therapy approved and available in Germany, or no therapy.

2) In patients with psoriasis vulgaris, acute exacerbation of atopic dermatitis, prurigo nodularis, prurigo caused by kidney disease, parapsoriasis en plaques, ichthiosis vulgaris, or vitiligo: The evaluation of synchronous balneo-phototherapy compared with tap water balneo-phototherapy or another therapy approved and available in Germany, or no therapy. (In Germany, the only type of relevant synchronous balneo-phototherapy is the so-called ToMeSa therapy [Totes Meer Salz = Dead Sea salt]).

The focus of both evaluations was on patient-relevant therapy goals.

Authors’ conclusions
In this report, 3 types of balneo-phototherapy were evaluated: bath-PUVA, asynchronous photo-brine therapy, and synchronous balneo-phototherapy. The indications investigated were "psoriasis vulgaris/ (for all 3 therapies stated above) and "atopic dermatitits" (for synchronous balneo-phototherapy only).

Asynchronous bath-PUVA has an additional benefit compared with UVB monotherapy or tap water bath + UVB concerning an improvement of skin symptoms and a reduction of adverse effects/long-term complications. This statement only applies to the use of a mix of different UVB spectra in the comparator intervention.

Asynchronous photo-brine therapy (brine bath + UVB) has an additional benefit vs. UVB monotherapy (and also vs. tap water bath + UVB) with regard to the improvement of skin symptoms

For bath-PUVA, there are indications of an additional benefit compared with asynchronous photo-brine therapy (brine bath + UVB) concerning the improvement of skin symptoms and a reduction of adverse effects/long-term complications. This statement only applies to the use of a mix of different UVB spectra in the comparator intervention.

Compared with oral-PUVA, bath-PUVA has a lower damage potential with regard to acute adverse effects (nausea and vomiting). Weak indications are available in respect of a reduced damage potential for long-term complications (squamous cell carcinoma of the skin). Treatment is more convenient for patients, due to the type of procedure applied. An equivalent benefit of asynchronous bath-PUVA with regard to the improvement of skin symptoms is, however, neither proven, nor can it be excluded.

For the therapy goal "improvement of disease-related quality of life", no evidence of additional benefits or harms is available for all types of asynchronous balneo-phototherapy.
For synchronous balneo-phototherapy (treatment with Dead Sea salt), an additional benefit was shown in patients with psoriasis compared with UVB monotherapy concerning the reduction of skin symptoms. A limited benefit was shown for the therapy goal "disease-related quality of life". In patients with atopic dermatitis, there are indications of an additional benefit with regard to the improvement of skin symptoms.

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